S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 305 Primary Registration District No. 5422 Registrar's No. 20

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town CANAAN TOWNSHIP (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEAR ROSEBUD MO (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 31 YRS. 1

2. USUAL RESIDENCE OF DECEASED:
037
(a) State MISSOURI (b) County GASCONADE 010
(c) City or town RURAL (If outside city or town limits, write "RURAL.")
(d) Street No. NEAR ROSEBUD (If rural, give location)
(e) If foreign born, how long in U. S. A.? 57 0 years.

3. (a) PRINT FULL NAME AUGUST CHARLES KAMPER
3. (b) If veteran, name war NONE
3. (c) Social Security No. ✓
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPHINE KAMPER
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased NOV. (Month) 12 (Day) 1880 (Year)

8. AGE: Years 60 Months 10 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation FARMING
11. Industry or business

FATHER
12. Name HENRY KAMPER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name WILHELMINA NIESTRATH
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant HERBERT KAMPER
(b) Address ROSEBUD MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-20-1941 (Month) (Day) (Year)
(c) Place: burial or cremation ROSEBUD MO
18. (a) Signature of funeral director W.F. GOTTENSTRUETER
(b) Address OWENSVILLE
19. (a) Sept 19 1941 (Date received local registrar) (b) Alice Koch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 17 year 1941 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from July, 1937, to Sept 17, 1941; that I last saw h alive on Sept 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury

23. Signature Charles A. Schmidt M. D. (M. D. or Coroner)
Address Gerald Mo Date signed 9-18-41

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

SEP 24 1941